1273

		31, 2017, or other tax year b	eginning	, 201	, ending		, 20	· · · · · · · · · · · · · · · · · · ·		o not write or staple in the	
Your first name and	initial		Last name							cial security number	
ANTHONY		(b	WARNER						0.6	66-64-1064	4
If a joint return, spor	ise's 1	irst name and initial	Last name							's social security nu	
MIA	boro	nd street). If you have a P.C	PAGE-WAF	NER	·				07	<u>73-66-6</u> 743	3 .
155-34 13			. box, see instructio	ns,			Apt.	, no.	▲ Ma	ake sure the SSN(s) a	above
		n AVE late, and ZIP code. If you ha	ve a foreign addres	e also complete	enaces below /		mustis as a			and on line 6c are cor	
Jamaica,			ive a toreign addres	s, also complete	spaces below (see Insti	ructions).		Presi Check her	idential Election Campa re if you, or your spouse	aign If filipg
Foreign country nan				Foreign province	ce/state/county	Ι	Foreign posta	al code	jointiy, wa:	nt \$3 to go to this fund, (Checkir
						i		A. 0000	refund,	You Spo	
Filing Status	1	Single			4 Head	d of ho	usehold (wi	th qualify	ing perso	n). (See instruction	
iiiig Otatas	2	X Married filling jointly	(even if only one	had income)	If the	e qualif	ying person	is a chil	d but not v	our dependent, er	15.) 1far
Check only	3	Married filing separa		•	11-1-		name here.			doboudond of	ILC:
one box.	•	and full name here.	ttely. Enter spous ▶	e a GOIA SDOM			widow(er) wi		ident child		
Exemptions	6a	X Yourself. If some	one can claim you	u as a depend						Boxes checked	
		X Spouse								on 6a and 6b	2
•	-	Dependents:	<u> </u>	1	pendent's		Dependent's	· (4) ✓	if child under	No. of children on 6c who:	
	(1)	First name L	ast name	social se	curity number	relati	ionship to yo	S age 17 OU chil	if child under qualitying for d tax credit	 lived with you 	
·	_					ļ		466	instructions)	 did not live with you due to divorce 	, -
f more than four			·						-	or separation	
lependents, see						 			 -	(see Instructions)	
nstructions and check here ▶			<u> </u>			 			 	Dependents on 6c not entered above	!
NICOK LIGIE	d	Total number of exem	ntions claimed			i			<u> </u>	Add numbers on	~
	7	Wages, salaries, tips,	etc Attach Form	(a) 1A/ 2		· · · · · d			, . , ,	lines above	12
ncome		Tayable interest Atte	etc. Attach Pullin sh Cabadula B X :	(S) VV-2			Ø p		·· 7 .	<u>80,49</u>	<u>7.</u>
	ua L	Tax exempt interest. Attac	an scriedule Biji	equired	ر الم		<i>g</i> :		8a		
ttach Form(s)	20	Taxable interest. Attact Tax-exempt interest. I Ordinary dividends. At	on Not include on	i line sa	· · · · · · · · · · · · · · · · · · ·	80 I					
V-2 here. Also ttach Forms						/ 1			9a		_
V-2G and		Qualified dividends				9b		· · · -			
099-R if tax	10	Allowed the second of the seco									
vas withheld.	11									<u> </u>	
	12	Business Income or (Id	oss). Attach Sche	dule Cor CAE	<i>9</i> · · · · · · · · · · · ·						
	13	Capital gain or (loss).			not required,	, check	here,	▶ [_	13		
f you did not jet a W-2,	14	Other gains or (losses)	1 1	ax			.,,,,,,,,,		14		
ee instructions.	15a	IRA distributions	15a				amount				
		Pensions and annuities	3 16a	<u></u>	ЬТ	axable	amount		. 16b		
	17	Rental real estate, roya	alties, partnership	s, S corporation	ons, trusts, et	c. Atta	ch Schedule	эЕ ,,,	17	1	9.
	18	Farm Income or (loss).									
	19	Unemployment compe		* * * * * * * * * * * *							
	20a	Social security benefit			bT	axable	amount		20b		
	21	Other income. List type			·····				21		
 	22	Combine the amounts				This is	your total inco	ome l	22	80,51	6.
\djusted	23	Educator expenses		.,,,		23	· .				
Pross	24	Certain business expens	es of reservists, pe	forming artists	and				24-20		
ncome	ar	fee-basis government				24			_		
IICOHIE	25	Health-savings-accoun				25					
	26	Moving expenses. Atta				26					
	27	Deductible part of self-				27			470.44		
	28	Self-employed SEP, SI				28					
	29	Self-employed health in				29					
	30	Penalty on early withdr	awal of savings ,			30					
	31a	Alimony paid b Red	cipient's SSN 🕨			31a			100		
	32	IRA deduction				32					
	33	Student loan interest de				33	2	2,500			
	34	Reserved for future use				34		NEW YE	7000		
	35	Domestic production ad				INFE-12	man and the second seco				
	36	Add lines 23 through 38							. 36	2 50	ın
	37	Subtract line 36 from lin	ne 22, This is vou	r adjusted or	oss income				37	2,50 78,01	.
		·	leduction Act No						-	70.01	

SCHEDULE E (Form 1040)

Supplemental Income and Loss

(From rental real estate, royalties, partnerships, S corporations, estates, trusts, REMICs, etc.)

Attach to Form 1040, 1040NR, or Form 1041.

OMB No. 1545-0074

Department of the Treasury Internal Revenue Service (99) Attachment Go to www.irs.gov/ScheduleE for instructions and the latest information. Sequence No. 13 Name(s) shown on return Your social security number ANTHONY WARNER & MIA PAGE-WARNER 066-64-1064 Income or Loss From Rental Real Estate and Royalties Note. If you are in the business of renting personal property, use Schedule C or C-EZ (see instructions). If you are an individual, report farm rental income or loss from Form 4835 on page 2, line 40, Did you make any payments in 2017 that would require you to file Form(s) 1099? (see instructions) If "Yes," did you or will you file required Forms 1099? No Yes Physical address of each property (street, city, state, ZIP code) 1a Α В C 1b Type of Property Fair Rental For each rental real estate property listed Personal Use (from list below) above, report the number of fair rental and QJV Days Days personal use days. Check the QJV box Α A only if you meet the requirements to file as 0 В a qualified joint venture. See Instructions. В C С Type of Property: 1 Single Family Residence 3 Vacation/Short-Term Rental 5 Land 7 Self-Rental 2 Multi-Family Residence Commercial 6 Royalties Other (describe) Income: Properties: Α В 3 4 19. Expenses: 5 6 Cleaning and maintenance 7 Commissions 8 8 9 Insurance 9 10 Legal and other professional fees 10 Management fees 11 12 Mortgage interest paid to banks, etc. (see instructions) 12 13 Other interest 13 14 Supplies 15 Taxes 16 Utilities 17 18 Depreciation expense or depletion 18 19 20 Total expenses. Add lines 5 through 19 20 21 Subtract line 20 from line 3 (rents) and/or 4 (royalties). If result is a (loss), see instructions to find out if you must file Form 6198 19. 21 Deductible rental real estate loss after limitation, if any, on Form 8582 (see instructions) 23a Total of all amounts reported on line 3 for all rental properties 23a b Total of all amounts reported on line 4 for all royalty properties <u> 19</u> 23Ь c Total of all amounts reported on line 12 for all properties 23c 23d 23e 24 Income. Add positive amounts shown on line 21. Do not include any losses 24 25 Losses. Add royalty losses from line 21 and rental real estate losses from line 22. Enter total losses here 25 26 Total rental real estate and royalty income or (loss). Combine lines 24 and 25. Enter the result here. If Parts II, III, IV, and line 40 on page 2 do not apply to you, also enter this amount on Form 1040, line 17, or Form 1040NR, line 18. Otherwise, include this amount in the total on line 41 on page 2 $\,$. $\,$.

Form 1040 (2017)	ANTE	IONY WARNER & MIA PAGE-WARNER	066	-64-1064 Page 2
Tax and	38	Amount from line 37 (adjusted gross income)	. 38	78,016.
Credits		Check [You were born before January 2, 1953, Blind.] Total boxes	130.70	
Standard		If: Spouse was born before January 2, 1953, Blind. checked ▶ 39a		
Deduction	b	If your spouse itemizes on a separate return or you were a dual-status alien, check here		
for—	40	Itemized deductions (from Schedule A) or your standard deduction (see left margin)	. 40	12,700.
People who check any	41	Subtract line 40 from line 38		65,316.
box on line	42	Exemptions. If Iline 38 is \$156,900 or less, multiply \$4,050 by the number on line 6d. Otherwise, see instructions		8,100.
39a or 39b or who can be	43	Taxable income. Subtract line 42 from line 41. If line 42 is more than line 41, enter -0		57,216.
claimed as a dependent.	44	Tax (see instructions). Check if any from: a Form(s) 8814 b Form 4972 c	44	7,651.
see	45	Alternative minimum tax (see instructions). Attach Form 6251		7,031.
instructions.	46	Excess advance premium tax credit repayment. Attach Form 8962		
All others:	47	Add lines 44,45, and 46		7 651
Single or	48	Foreign tax credit. Attach Form 1116 if required		7,651.
Married filing separately	49	Credit for child and dependent care expenses. Attach Form 2441 49		
\$6,350	50	Education credits from Form 8863, line 19 50 2,342		* •
Married filing jointly or	51	Retirement savings contributions credit. Attach Form 8880 51	•	
Qualifying	52	Child tax credit. Attach Schedule 8812, if required	_	
widow(er), \$12,700	53	Residential energy credits. Attach Form 5695		
Head of				
household,	54	Other credits from Form: a 3800 b 8801 c 54		
\$9,350	55 50	Add lines 48 through 54. These are your total credits	55	2,342.
041	56	Subtract line 55 from line 47. If line 55 is more than line 47, enter -0-	56	5,309.
Other	57	Self-employment tax. Attach Schedule SE	57	
Taxes	58	Unreported social security and Medicare tax from Form: a 4137 b 8919	. <u>58</u>	
	59	Additional tax on IRAs, other qualified retirement plans, etc. Attach Form 5329 if required	. 59	
	60a	Household employment taxes from Schedule H	. 60a	
		First-time homebuyer credit repayment. Attach Form 5405 if required	. 60b	<u> </u>
		Health care: individual responsibility (see instructions) Full-year coverage X	. 61	
	62	Taxes from: a Form 8959 b Form 8960 c Instructions; enter code(s)	62	
<u> </u>		Taxes from: a Form 8959 b Form 8960 c Instructions; enter codes: Add lines 56 through 62. This is your total tax	63	5,309.
Payments	64	Federal income tax withheld from Forms W-2 and 1099	·」關例	
If you have a	65 66a	2017 estimated tax payments and amount applied from 2016 return 65 Earned income credit (EIC)		
qualifying [h	Nontaxable combat pay election 66b		
child, attach Schedule EIC.	67	Additional child tax credit. Attach Schedule 8842 67		
		American opportunity credit from Form 8863 tipe 8 68 1,000		
	69	Net premium tax credit. Attach Form 8962 69		
		Amount paid with request for extension to file		
	71	Excess social security and tier 1 RRTA tax withheld 71	-	
		Credit for federal tax on fuels. Attach form 4136		
	73	Credits from Form: a 2439 b 8885 d 73		
		Add lines 64, 65, 66a, and 67 through 3. These are your total payments	74	10 101
Refund	75	If line 74 is more than (ne §3, subtract line 63 from line 74. This is the amount you overpaid	74	10,181.
1 Coldina	76a	Amount of line 2 you want refunded to you. If Form 8888 is attached, check here >	75 76a	4,872.
Discolution and C	▶ b	Routing number XXXXXXXX Checking Savings	70a	4,872.
Direct deposit? See instructions.		Account number XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX		
		Amount of line 75 you want applied to your 2018 estimated tax > 77	250 2014	
Amount		Amount your over Cubings line 74 feet line 00 Feet 12 ft.		^
You Owe	79	Estimated tax penalty (see instructions)	70	0.
	Do you		'AC Con	
Third Party				plete below. No
Designee	Designe name	Liberty Tax Service Phone Personal Identify No. ▶ (718) 880-1346 number (PI	entificatio	13137
Sign	Under per	natities of periury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowled	dee and hol	of they are true as and
Here	accuratery	rist all amounts and sources or income i received during the tax year, Declaration of preparer (other than taxpayer) is based on all info	rmation of w	hich preparer has any knowledge.
Joint return?	A	r signature Date Your occupation	Dayt	me phone number
See instructions.	_	1/27/2018 CITY CUSTODIAN		<u>47</u>) 497-1965
Keep a copy for your records.	Spo	use's signature. If a joint return, both must sign. Date Spouse's occupation	If the I	RS sent you an Identity Protection
		1/27/2018 PARAPROFESSIONAL	PIN, e here (s	nter it see inst.) 358830
Paid		pe preparer's name Preparer's signature Date Check	if PTIN	
		rey Zanariev 1/27/2018 self-employ		0458066
Preparer	Firm's na	P Diberty Tax Service		7-1528492
Use Only	rum's ac	ddress ► 70-34 Austin St Phone	no.	

				1	2273	ı	,					
1040		tment of the Treasury—Internal Revenue . Individual Income Ta		(99) LUCO	2018	OMP No	1545-0074	IDS Hen Onku	-Do not writ	e or staple in this space.		
Filling status:	Single			filing sep	arate Hea	d of household		widow(er)		o or staple in this space.		
Your first name				ast name				,	Your s	ocial security number		
ANTHONY				VARNE	२					066-64-1064		
Your standard d	educti	on: Someone can claim you a	as a dep	endent	You were I	orn before Ja	nuary 2, 1954	☐ You a	re blind			
If joint return, sp	ouse's	first name and initial	[]	ast name	9				Spouse	s's social security number		
MIA				PAGE-W						073-66-6743		
Spouses standa		<u> </u>	•		. —		orn before Janua	ry 2, 1954		-year health care coverag		
Spouse is t		Spouse Itemizes on a s r and street), If you have a P.O. bo				us allen		Apt, no,	- 	exempt (see Inst.)		
155-34 116Th		r and street, it you have a r.o. bo	ix, see iii	Succion	5.			Apr., no.	(see inst	ntial Election Campaign) Spouse		
		e, state, and ZIP code. If you have	a foreig	n address	s, attach Schedu	e 6,			-	than four dependents.		
JAMAICA NY									see inst	and ✓ here □		
Dependents (see in			(2) Soc	ial security number	(3) Relat	tionship to you			es for (see Inst.):		
(1) First name		Last name						Child tax	x credit Credit for other deper			
_					•	.			<u> </u>	<u> </u>		
						-			1	<u> </u>		
								<u> </u>	<u></u>			
Sian :	Inder n	enalties of perjury, I declare that I have exa	mined this	return and a	accompanying sched	lies and stateme	ents, and to the best	of my knowledge	and belief, th	nev ate true, correct, and		
	complete	e, Declaration of preparer (other than taxpa			ormation of which pr	eparer has any kr	nowledge,	,	1			
Joint return?	Y	our signature			Date	Your occupa			If the IRS s PIN, enter	sent you an Identity Protection		
See Instructions,			had m	ot plan	Date	CITY CUS Spouse's oc	<u> </u>		here (see in	ent you an Identity Protection		
Keep a copy for your records.	5	oouse's signature, If a joint return,	DOUT IIIL	ist sign.	Date	PARAPRO			PiN, enter	t Caralal VIII a		
	Pr	eparer's name	Prepare	r's signat	.ure	I AKAI KU	MR (IN)	Firm's	here (see in EIN	st.) 0 2 9 7 1 2 Check If:		
Paid		ndrey Zahariev				7	90458066	27-1	528492	3rd Party Designee		
Preparers	_	m's name Liberty Tax Service	ce .			16	Phone n	0. (718) 88	30-1346	Self-employed		
Use Only		m's address 7034 Austin St,		ills. NY	11375		,	(110)0	70 10 10	-1		
For Disclosure, I	rivac	Act, and Paperwork Reduction		_		is,				Form 1040 (2018		
VSA					_							
Form 1040 (2018)		National colorina blog ske Attach	Carmio)	ui o		7			1	Page 2		
	1 2a	Wages, salaries, tips, etc. Attach	2a			h Tav	able interest		2b	77449		
Allach Form(s)	3a	Tax-exempt interest Qualified dividends	3a				inary dividends		3b	•		
W-2, Also attach Form(s) W-2G and	4a	IRAs, pensions, and annuitles	4a				able amount		4b			
1099-R if tax was withheld,	5a	Social security benefits	5a	-		b Tax	able amount	5b				
	6	Total income. Add lines 1 through 5. Add any amount free Schedule 1, line 22						6 774				
	7	Adjusted gross income. If you have no adjustments income, enter the amount from line 6; otherwise,								· ·		
Standard	_	subtract Schedule 1, line 36, from		T _{UV}	Tabadista Al				7	7,7073		
Deduction for		Standard deduction or itemized Qualified business income deduction			n schedule A)		-		9	24000		
 Single or married filing separately, 	10	Taxable income. Subtract lines 8		•	If zero or less e	enter -O-			10	53073		
\$12,000 • Married filling	11	Tax (see instructions). Attach Sci								93073		
Jointly or Qualifying widow(er),		a Tax (see inst) 5988 (che				Form 4972	3 🗆	_}				
\$24,000		b Add any amount from Schedu	ile 2 and	check he	re				11	5988		
 Head of household, 	12	a Child tax credit/credit for other depo	endents		b Add ar	y amount from S	Schedule 3 and ched	k here	12	2093		
\$18,000 • If you checked	13	Subtract line 12 from line 11, if z	ero or les	s, enter -	-0-				13	3895		
any box under	14"	Other taxes. Attach Schedule 4							14			
Standard deduction,	15	Total tax, Add lines 13 and 14							15	3895		
see instructions.	16	Federal income tax withheld from	n Forms	W-2 and	1099				16	. 7490		
	17	Refundable credits: a EIC (see in	st.)	t			rm 8863	984		···		
		Add any amount from Schedule	5		<u>N</u> C				17	984		
	18	Add lines 16 and 17 a through d.							18			
Refund	19	If line 18 is more than line 15, suf				•			19	4579		
	20a	Amount of line 19 you want refu	1 1	1 1	T 1 1		_	¬ 。. □	20a	4579		
Direct deposit? See instructions.	Ь	· · · · · · · · · · · · · · · · · · ·				cType: ☑	1 1 1 1	☐ Savings				
	d 21	1	(X I		X X X X X	X X X Z Z Z Z Z Z Z	XXXX	X.J				
Amount You Owe	21	Amount of line 19 you want applie Amount you owe. Subtract line					I		22			
resount for OWC	22	Estimated tay penalty (see instru		10,11	, ayama uli nuyy	paj, 300 !!	1.00 000113	i		Charles and the		

SCHEDULE 1 (Form 1040)

VSA

Additional Income and Adjustments to Income

OMB No. 1545-0074

Department of the Treasury Internal Revenue Service Attach to Form 1040.
Go to www.irs.gov/Form1040 for instructions and the latest information.

Attachment Sequence No. 01

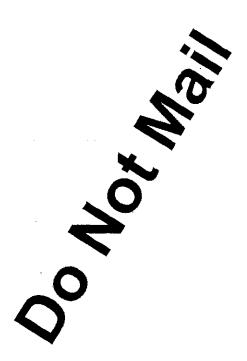
Name(s) shown on F	orm 104	40		Your social security number
ANTHONY and M	IA PAG	E-WARNER		066-64-1064
Additional	1-9b	Reserved		1–9b
Income	10	Taxable refunds, credits, or offsets of state and local income	ome taxes	10
nicome	11	Alimony received	11	
	12	Business income or (loss). Attach Schedule C or C-EZ	12	
	13	Capital gain or (loss). Attach Schedule D if required. If not re	13	
	14	Other gains or (losses). Attach Form 4797	14	
	15a	Reserved	15b	
	16a	Reserved		16b
ů.	17	Rental real estate, royalties, partnerships, S corporations, trus	sts, etc. Attach Schedule E	17
	18	Farm income or (loss), Attach Schedule F	18	
	19	Unemployment compensation	19	
	20a	Reserved	20b	
	21	Other income. List type and amount		21
	22	Combine the amounts in the far right column. If you don'		
		income, enter here and on Form 1040, line 6. Otherwise,		22
Adjustments	23	Educator expenses	23	
to income	24	Certain business expenses of reservists, performing artists,		196
		and fee-basis government officials. Attach Form 2106	24	
	25	Health savings account deduction, Attach Form 8889	\$ 7	
	26	Moving expenses for members of the armed forces Attach Form 3903	26	
	27	Deductible part of self-employment tax. Attach Schedule		
	28	Self-employed SEP, SIMPLE, and qualified plans	28	
	29	Self-employed health insurance deduction	29	
	30	Penalty on early withdrawal of savings	30	
	31a	Alimony paid b Recipient's SSN	31a	
	32	IRA deduction	32	
	33	Student loan interest deduction	33 376	
	34	Reserved	34	
	35	Reserved	35	
	36	Add lines 23 through 35		36 376
For Panerwork R		on Act Notice, see your tax return instruction.	•	Schedule 1 (Form 1040) 2018

2273

SCHEDULE 3	Nonrettingable Credits			OMB No. 1545-0074				
Department of the Treasury Internal Revenue Service Attach to Form 1040. Go to www.irs.gov/Form1040 for instructions and the latest information.			2018 Attachment Sequence No. 03					
Name(s) shown on Form 1040				our social security number				
ANTHONY and MI	A PAC	GE-WARNER		066-64-1064				
Nonrefundable	48	Foreign tax credit. Attach Form 1116 if required	48					
Credits	49	Credit for child and dependent care expenses, Attach Form 2441	49					
Ol Calls	50	Education credits from Form 8863, line 19	50	2093				
	51	Retirement savings contributions credit. Attach Form 8880	51					
	52	Reserved	52					
	53	Residential energy credit. Attach Form 5695	53					
	54	Other credit from Form a 3800 b 8801 c None	54					
	55	Add the amount in the far right column. Enter here and include on Form 1040, line 12	55	2093				

For Paperwork Reduction Act Notice, see your tax return instructions. VSA

Schedule 3 (Form 1040) 2018



2273

SCHEDULE 6 (Form 1040)

Foreign Address and Third Party Designee

OMB No. 1545-0074

Department of the Treasury

Attach to Form 1040.

So to www.irs.gov/Form1040 for instructions and the latest information.

Attachment Sequence No, **05A**

Internal Revenue Service Solution WWW.iis.gov/roim/1940/foi instructions and the latest information.						Seq	uence	No,	05 <i>F</i>	1			
Name(s) shown on F	orm 1040				Your	social s	ecuri	ty nu	mbe	<u> </u>			
ANTHONY and M	IA PAGE-WA	ARNER				066-	64-1	064					
Foreign Address	Foreign cour	ntry name	Foreign province/count	Foreign province/county					Foreign postal code				
Third Party	Do you war	nt to allow another person to discuss thi	is return with the IRS (se	e Instructions)? 🗸 Yes.	. Compl	ete belo	ow.		No	,_			
Designee	Designee's	•	Phone	Perso	tlon	lon numbe							
	name	ANDREY ZAHARIEV	no,	(718) 880-1346	(PIN)	1	3	1	3	7			

For Paperwork Reduction Act Notice, see your tax return instructions. VSA

Schedule 6 (Form 1040) 2018

